



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/22/2005
Business ID: 291011
William M. Gardner
Secretary of State

GREATSCAPES OF NASHUA, INC.
41 NIGHTINGALE RD
NASHUA , NH 03062

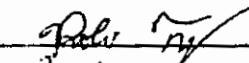
ENTITY TYPE:	CORPORATION
BUSINESS ID:	291011
STATE OF DOMICILE:	NH
FEDERAL ID:	020498440

1	ADDRESS OF PRINCIPAL OFFICE: 41 NIGHTINGALE RD NASHUA , NH 03062
1	REGISTERED AGENT AND OFFICE: J LEONARD SWEENEY III ESQ 6 MANCHESTER ST NASHUA , NH 03062

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2	<input type="checkbox"/> The new mailing address _____
	<input type="checkbox"/> The new principal office address _____
	PO Box is acceptable.

OFFICERS		BOARD OF DIRECTORS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>MUST LIST AT LEAST ONE DIRECTOR BELOW</u>	
NAME	Roland Fong	NAME	Roland Fong
STREET	41 Nightingale Road	STREET	Same
CITY/STATE/ZIP	Nashua, NH 03062	CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			

4	To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.		
	Sign here:		
	Please print name and title of signer:	NAME	TITLE
			

FEE DUE: \$100.00	E-MAIL ADDRESS (OPTIONAL): _____
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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529